

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS028S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/12/2009
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HEALTHCARE AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2832 S. MARYLAND PARKWAY LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted under State licensure on March 12, 2009.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Skilled Nursing Facilities Regulations, adopted by the Nevada State Board of Health on August 4, 2004.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following complaints were investigated:</p> <p>Complaint #NV00021268 was substantiated. See Tag Z473</p> <p>Complaint #NV00020087 was unsubstantiated.</p> <p>Complaint #NV00021046 was unsubstantiated.</p> <p>Complaint #NV00020158 was unsubstantiated.</p> <p>Complaint #NV00020088 was unsubstantiated.</p> <p>Complaint #NV00020074 was unsubstantiated.</p>	Z 000		
Z473 SS=D	<p>NAC 449.74539 Physical Environment</p> <p>4. Ensure that each patient in the facility receives adequate supervision and devices to prevent accidents; This Regulation is not met as evidenced by: Based on record review, observation, and interview, the facility failed to ensure that assistive devices to prevent accidents were implemented in accordance with the plan of care for 1 of 6 residents. (#6)</p> <p>Findings include:</p>	Z473		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z473	<p>Continued From page 1</p> <p>Resident #6 was admitted to the facility on 8/15/08. The resident had a history of a brain tumor with a resection and shunt placement and seizures.</p> <p>Review of the record revealed that on 1/24/09, Resident #6 was transferred from his bed to his wheelchair by two certified nursing assistants (CNA) using a Hoyer lift. After the resident was positioned in the chair. The chair tipped backwards while one CNA was putting on the resident's socks. Both CNA's were in the room, but were unable to stop the chair from going all the way to the floor. The resident sustained a one centimeter laceration to the right side of his head approximately one inch above his ear. The resident was sent to the hospital for an evaluation and returned to the facility on 1/26/09.</p> <p>Interviews with the Administrator and Director of Nursing on 3/12/09 revealed that the resident's chair was equipped with anti-tip bars to prevent the chair from tipping backwards. The day before the fall, the resident was transported to an appointment by a contracted transport company and accompanied by a CNA. The driver removed the anti-tip bars and the bars were taken to the resident's room by a staff member. The resident came back to the facility and was transferred that evening to his bed by two staff with the Hoyer lift. The anti-tip bars were not placed back on the resident's wheelchair after he was returned to the facility from his appointment on 1/23/09.</p> <p>An interview with the physical therapist and physical therapy assistant on 3/12/09 revealed that the anti-tip bars are put on wheelchairs to prevent backward falls of wheelchairs for those residents at risk. Anti-tip bars were observed on</p>	Z473			

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Z473	Continued From page 2 several wheelchairs in the facility. Review of the physician's admission history and physical report dated 1/26/09, for Resident #6's return to the facility, revealed that a CT scan and MRI were done while the resident was at the acute care facility. The assessment/plan indicated that the status post fall MRI of the brain noted recurrent tumor versus radiation necrosis. Outpatient follow-up was recommended. No mention of injury as a result of the fall was found. The physician noted that, when examined, the resident was alert, awake, and responded to questions and did not have a headache, nausea, or vomiting. Severity 2 Scope 1	Z473			

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